

**College Savings Plans of Maryland
Maryland Prepaid College Trust
Change of Beneficiary Form**

Instructions

1. Complete all sections of this form and return it to MPCT, 217 E. Redwood Street, Suite 1350, Baltimore, MD 21202 . Print or type all information except for your signature. If all the sections are not completed, processing will be delayed.
2. The fee to change a Beneficiary is \$10. This fee is waived in the case of death or Disability of the original Beneficiary. If the original Beneficiary has died, please attach a copy of the Death Certificate. If the original Beneficiary is disabled, please attach medical documentation. The \$10 fee does not cover a possible increase in Contract payments due to the beneficiary change.
3. If you have questions or need assistance in completing this form, please call 443-769-1033 Monday through Friday during the hours of 9:00 AM to 5:00 PM Eastern Standard Time.

Account Holder Information

LAST NAME	1. Mr.	2. Mrs.	3. Miss	4. Ms.	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ORGANIZATION NAME (If Account Holder is other than an individual)						MPCT ACCOUNT NUMBER	
<input type="text"/>						<input type="text"/>	

Original Beneficiary Information

LAST NAME	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Beneficiary Information

LAST NAME	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number (or Taxpayer I.D. No.)	U.S. Citizen	Resident Alien	Date of Birth Day/month/year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (Include number, street, and apartment number or P.O. Box)			
<input type="text"/>			
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to Original Beneficiary: _____
 Age or grade of new beneficiary as of the preceding September 1st: (Circle only one)

- | | | | |
|------------|------------------|-------------------|--------------------------|
| 1) Newborn | 6) Kindergarten | 11) Fifth Grade | 16) Tenth Grade |
| 2) Age 1 | 7) First Grade | 12) Sixth Grade | 17) Eleventh Grade |
| 3) Age 2 | 8) Second Grade | 13) Seventh Grade | 18) Twelfth Grade |
| 4) Age 3 | 9) Third Grade | 14) Eighth Grade | 19) Beyond Twelfth Grade |
| 5) Age 4/5 | 10) Fourth Grade | 15) Ninth Grade | |

I would like to change the projected enrollment year to _____

Signature

I certify that the person who is to be substituted meets the criteria as specified in the Contract.

Signature of Account Holder

Date

Account Holders who knowingly supply fraudulent information regarding the new beneficiary will be denied the opportunity to participate in the plan. In the event that a contract has been revised based upon fraudulent information, the contract will be terminated and subject to the assessment of a \$500 account cancellation fee.